

# Extra Halloween Booth Application:



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company / Organization: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this I agree to set up in the area designated to me by the Downtown Dahlonega Department. I agree to set up only during the length of the Halloween event. I agree to clean up my area when I am through.

Signature: \_\_\_\_\_